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58633 - 7590 09/22/2006 Certificate of Mailing or Transmission							
GABRIELA TOMESCU c/o RYAN KROMHOLZ & P.O. BOX 26618	I S a t	hereby certify that the	his Fee(s) with suffic	Transmittal is being ient postage for firs	deposited with the United it class mail in an envelope above, or being facsimile ate indicated below.		
MILWAUKEE, WI 53226-0	Ţ	Linda	S. 1	Wenzel	(Depositor's name)		
10/24/2006 ZJUHAR2 00000		Llure S. Wengel (Signature)			(Signature)		
01 FC:2501 700.00 DP 02 FC:1504 300.00 DP				18 October 2006 (Date)			(Date)
APPLICATION NO. FILI	NG DATE		FIRST NAMED INVENT	NTOR ATTORNEY DO		NEY DOCKET NO.	CONFIRMATION NO.
10/656,861 09	10/656,861 09/06/2003			nel M. Nelson 9473.18020-FOR 8567			8567
TITLE OF INVENTION: MAGNETIC FORCE DEVICES, SYSTEMS, AND METHODS FOR RESISTING TISSUE COLLAPSE WITHIN THE PHARYNGEAL CONDUIT							
APPLN. TYPE SMALL EN	TITY IS	SUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional YES		\$700	\$300	\$0		\$1000	12/22/2006
EXAMINER	EXAMINER ART UNIT		CLASS-SUBCLASS				•
LACYK, JOHN P		3735	128-898000				
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Apneon, Inc. Cupertino, California / US							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔀 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-2360 enclose an extra copy of this form).</li> </ul>				
5. Change in Entity Status (from status indicated above)  \[ \begin{align*}  \text{ \te							
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Authorized Signature	W					tober 200	
Typed or printed name Da	niel D.	Ryan		Registration l	No	29,243	<del></del>
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 30x 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							